

**Performance  
Measure #66a**

# Emergency Medical Services for Children (EMSC) Program Implementation Manual for EMSC State Partnership Performance Measures

## Performance Measure #66a

The percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) providers and Advanced Life Support (ALS) providers.

### Significance of Measure

On-line and off-line pediatric medical direction is needed to assist and direct pre-hospital providers in the treatment of children at the scene of an emergency. With real-time medical direction and established protocols, pre-hospital providers can respond to pediatric emergencies efficiently and effectively. Furthermore, off-line medical direction helps to standardize care across pre-hospital providers and assists in providing optimal care based on current pediatric clinical recommendations and guidelines. This measure will help to ensure that pre-hospital providers are adequately equipped to care for children in an emergency and thereby, reduce the risk of pediatric morbidity and mortality.

### Definition(s)

#### *Pre-hospital provider agencies*

Licensed/certified/designated agencies with the primary responsibility of delivering care to pediatric patients during an emergency and transporting them to the hospital; unlicensed agencies are excluded.

#### *Pediatric*

Persons up to 18 years old.

#### *On-line medical direction*

Real-time pre-hospital medical direction by designated medical personnel (as defined and identified by the State/Territory) for seriously ill or injured children. Direction may include authorization for advanced life support procedures, triage, destination assignment, and management of patients who receive care.<sup>8</sup>

#### *Off-line medical direction*

Off-line medical direction operates through policy-making activities, training programs, quality assurance efforts, and the like. These efforts are likely to be broader in scope and setting and to relate to the long-term developments of guidelines and protocols.<sup>9</sup> Off-line medical direction also includes the establishment of systems, policies and procedures, such as treatment protocols and case reviews. See the National Association of EMS Physicians' model pediatric protocols at: <http://www.naemsp.org/ModelPediatricProtocols.pdf>.

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<sup>8</sup> Institute of Medicine (1993). *Emergency Medical Services for Children*.

<sup>9</sup> Ibid

# Emergency Medical Services for Children (EMSC) Program Implementation Manual for EMSC State Partnership Performance Measures

## *At the scene of an emergency*

“At the scene of an emergency” refers to the period of time from when BLS and ALS providers arrive at the scene of an emergency to the arrival of the pediatric patient at the hospital.

## *BLS providers*

BLS providers provide basic life saving and life sustaining interventions while transporting a patient to a hospital. They include EMT-B.

## *ALS providers*

Among other procedures, ALS providers administer certain life-saving medications, perform advanced monitoring of heart rhythms, and are trained to perform advanced procedures to open and manage a patient's airway. They include EMT-Paramedics and intermediate level providers including EMT-I and Cardiac Rescue.

## **Requirement**

By 2006, 20% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2007, 25% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2008, 40% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2009, 45% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2010, 50% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

By 2011, 90% of pre-hospital provider agencies in the State/Territory will have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

## **Calculation**

### *Numerator*

The number of licensed/certified/designated pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.

### *Denominator*

The total number of licensed/certified/designated pre-hospital provider agencies in the State/Territory.

# Emergency Medical Services for Children (EMSC) Program Implementation Manual for EMSC State Partnership Performance Measures

## Data Collection and Analysis

The following are two potential data sources for the measure. Even if your State/Territory has a mandate requiring on-line and off-line pediatric medical direction, information from one of the data sources and supporting documentation is still required to indicate compliance with the mandate. A process for data collection and analysis, as well as examples of supporting documentation are provided below under each data source.

1. **Surveys:** Surveys of either pre-hospital provider agencies or regional coordinators within the State/Territory that provide oversight and are familiar with the pre-hospital provider agencies in their respective regions can be conducted about the availability of on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
  - If a survey of either pre-hospital provider agencies or regional coordinators currently exists, consider leveraging this survey by adding a question about the availability of on-line and off-line pediatric medical direction.
  - If a survey does not currently exist, develop a survey tool that asks about the availability of on-line and off-line pediatric medical direction. Contact NEDARC if you require technical assistance.
  - Administer the survey either on-line, electronically, or by mail.
  - Collect the survey results; follow-up may be necessary to remind agencies or coordinators to complete the survey or to get clarification on responses.
  - Calculate the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
  - *Supporting documentation* for the measure may include: 1) copies of the agencies' protocols and guidelines for using on-line and off-line pediatric medical direction, and/or 2) a copy of the EMS Rules and Regulations with requirements for on-line and off-line pediatric medical direction (if on-line and off-line pediatric medical direction are mandated within the EMS rules).
2. **Ambulance Inspection Reports:** In your State/Territory, ambulance inspections of licensed vehicles may involve verifying the availability of protocols and guidelines for on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
  - If you have access to the ambulance inspection reports (either hardcopies or database of results), conduct either a manual count (for hardcopies) or run a query (for the database) on the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
  - If you do *not* have access to the ambulance inspection reports, contact the agency responsible for conducting the ambulance inspections in your State/Territory to 1) obtain hardcopies of the ambulance inspection reports and conduct a manual count on the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS

## Emergency Medical Services for Children (EMSC) Program Implementation Manual for EMSC State Partnership Performance Measures

providers; 2) request access to the database that houses the ambulance inspection results and run a query on the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers; or 3) ask the agency to run the query for you.

- Calculate the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers.
- *Supporting documentation* for the measure may include: 1) copies of the data queries, and/or 2) copies of local vehicle licensing criteria with requirements for on-line and off-line pediatric medical direction, and/or 3) a copy of the EMS Rules and Regulations with requirements for on-line and off-line pediatric medical direction (if on-line and off-line pediatric medical direction are mandated within the EMS rules).

### Reporting

- Report and submit the percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers on an annual basis to HRSA via the Electronic Handbook (EHB). You will receive more specific information on how to access and use the EHB in your notice of grant award. Please refer to these instructions.
- Supporting documentation should be submitted with your EMSC continuation application each year. Examples of supporting documentation are provided under each data source listed above.

### Follow-up

- Once the data are submitted to HRSA, NEDARC will analyze the data and report aggregated national data to both HRSA and the EMSC NRC.
- The EMSC NRC and NEDARC will track your progress and may contact you to address any questions or concerns regarding your progress towards meeting the measure.

### Implementation Considerations

#### *Survey Considerations*

- Availability of data for this measure is dependent upon the return rate of the surveys. To maximize survey response rates in your State/Territory, consider the following strategies: 1) offer electronic, web-based and/or paper versions of the survey so that pre-hospital provider agencies/regional coordinators can complete the version that is most convenient for them; 2) contact pre-hospital provider agencies/regional coordinators who have not responded to the survey within a designated period of time by phone or e-mail; and 3) provide respondents with the survey results so they can see how their data were used; this may encourage them to continue to submit data in the future.

**Emergency Medical Services for Children (EMSC) Program  
Implementation Manual for EMSC State Partnership  
Performance Measures**

- A potential downside associated with conducting a survey is that it captures self-report data. To reduce self-report bias, consider the following strategies: 1) request supporting documentation or evidence that on-line and off-line pediatric medical direction is available at the scene of an emergency for BLS and ALS providers and 2) conduct random, unannounced site visits to a representative sample of pre-hospital provider agencies to verify the availability of on-line and off-line pediatric medical direction.

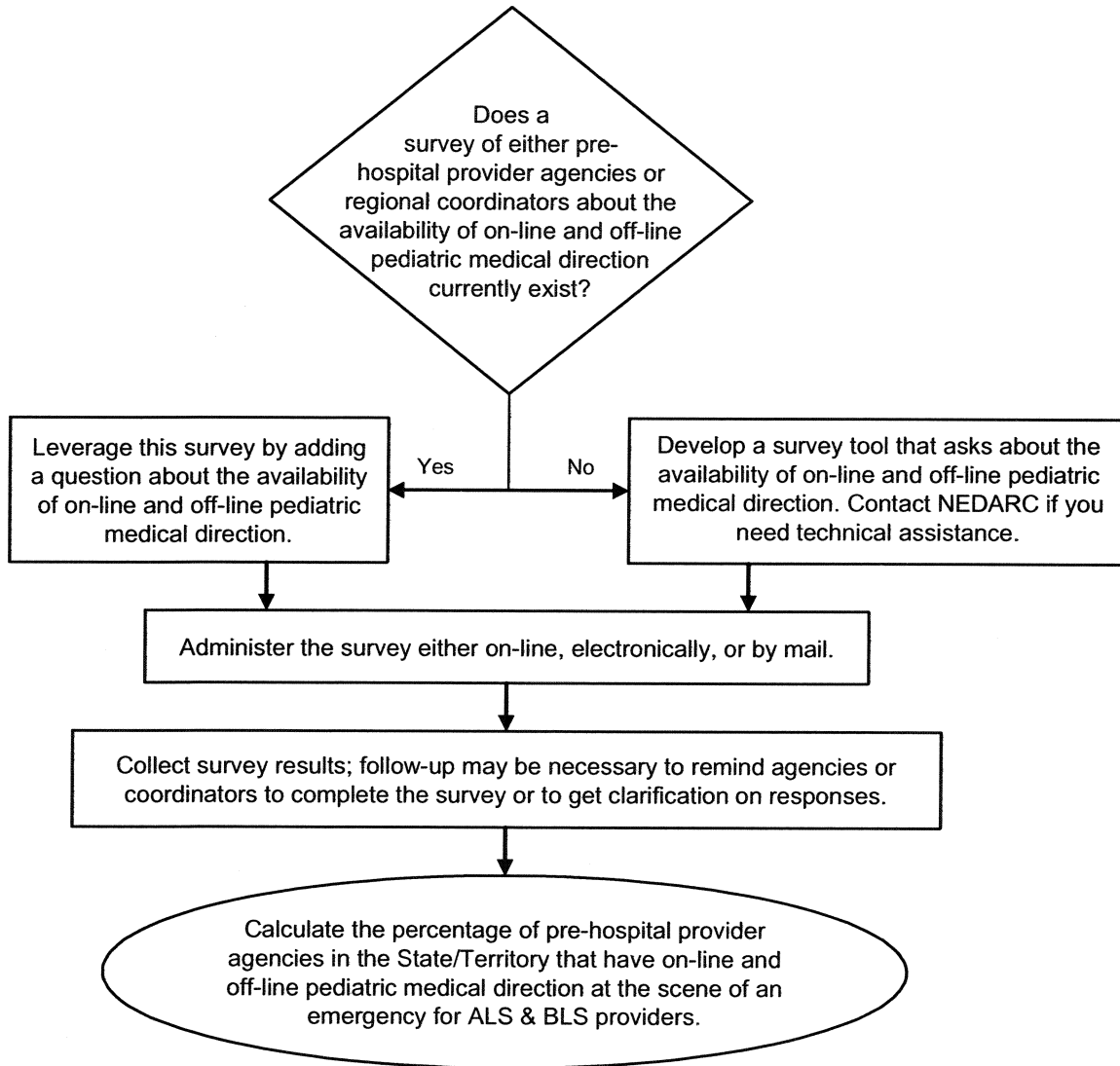
***Ambulance Inspection Report Considerations***

- In some States/Territories, information from ambulance inspections may not be shared with the EMSC Program due to the absence of a relationship between the EMSC Program and the State/Territory EMS Program and/or local, county inspectors. If this is the case in your State/Territory, your EMSC Program should work to establish a relationship with the State/Territory EMS Program or County in order to comply with gathering data for this measure.

**Emergency Medical Services for Children (EMSC) Program  
Implementation Manual for EMSC State Partnership  
Performance Measures**

**Process Map for Performance Measure #66a**

**Data Source #1:  
Surveys**



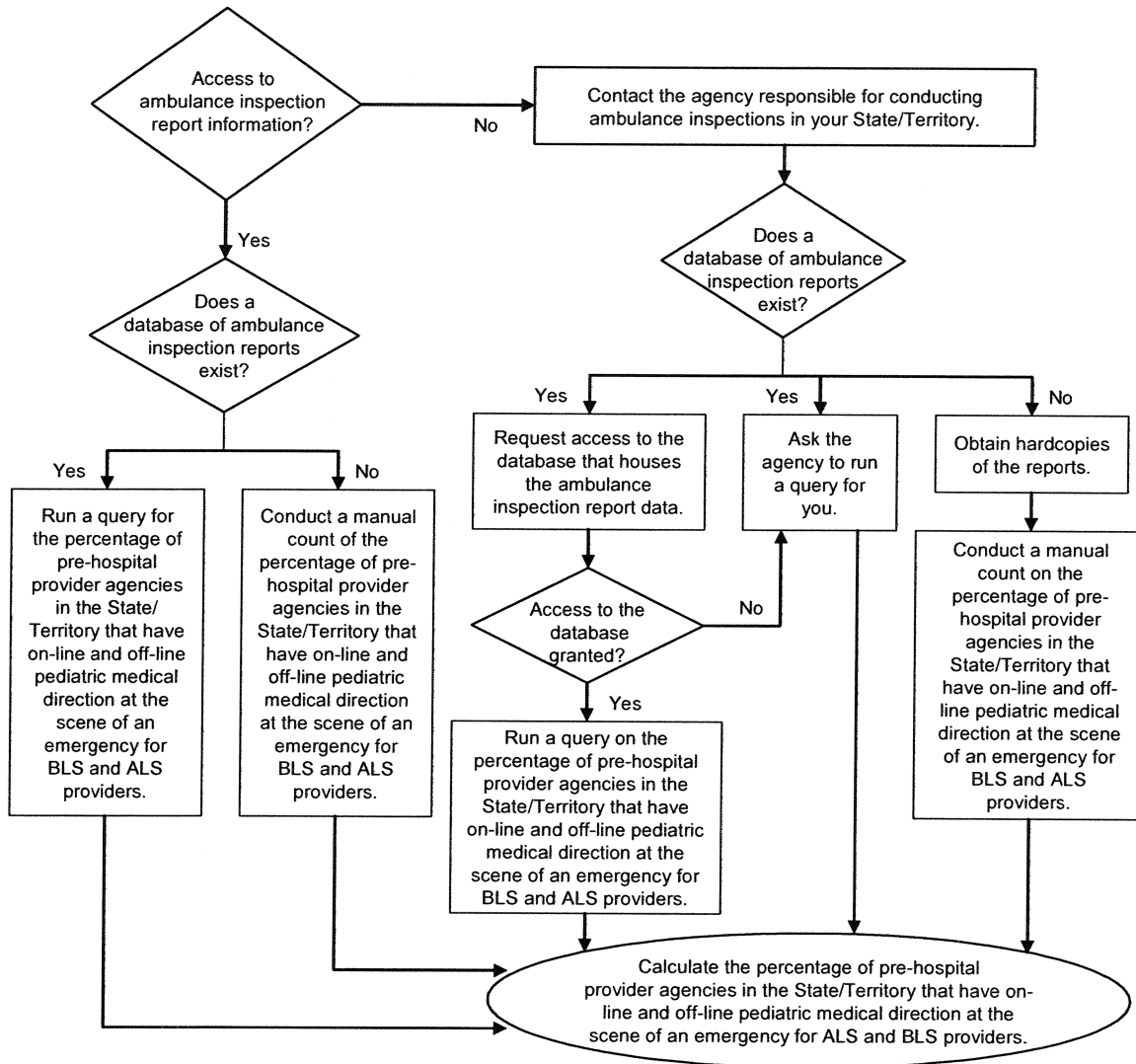
Supporting documentation for the measure may include:

1. copies of the agencies' protocols and guidelines for using on-line and off-line pediatric medical direction, and/or
2. a copy of the EMS Rules and Regulations with requirements for on-line and off-line pediatric medical direction (if on-line and off-line pediatric medical direction are mandated within the EMS rules).

# Emergency Medical Services for Children (EMSC) Program Implementation Manual for EMSC State Partnership Performance Measures

## Process Map for Performance Measure #66a

### Data Source #2: Ambulance Inspection Reports



Supporting documentation for the measure may include:

1. copies of the agencies' protocols and guidelines for using on-line and off-line pediatric medical direction, and/or
2. a copy of the EMS Rules and Regulations with requirements for on-line and off-line pediatric medical direction (if on-line and off-line pediatric medical direction are mandated within the EMS rules).



**Emergency Medical Services for Children (EMSC) Program  
Implementation Manual for EMSC State Partnership  
Performance Measures**

**Data Collection Form for Performance Measure #66a**

Percentage of pre-hospital provider agencies in the State/Territory that have on-line and off-line pediatric medical direction at the scene of an emergency for BLS and ALS providers

**Percentage for BLS providers: \_\_\_\_\_%**

**Percentage for ALS providers<sup>10</sup>: \_\_\_\_\_%**

*Note:* Attach supporting documentation for the measure to your EMSC continuation application.

Comments:

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<sup>10</sup> If your State/Territory only has BLS providers, enter "N/A" for percentage for ALS providers.